tables. A comparative CE model, incorporating fondaparinux, was developed. Incremental cost-effectiveness ratios (ICERs) were calculated. Since no fondaparinux was used, we applied rates from published trials, and adjusted for the mean proportional increase in rates between 49 days (trial follow-up) and one year in Veterans. For fondaparinux, costs were estimated from mean costs of complications among the other TSs, with an adjustment for increased medication cost. One-way sensitivity analyses (SA) were performed by incorporating the mean probabilities of DVT among each other TSs into the least-costly TS or decreasing the costs of complication arms by one standard deviation. **RESULTS:** There were 3037 patients, 131 VTEs, and 53 deaths. Dalteparin was dominant; the least-costly per patient with fewest VTEs ($16,310, 1.0%) compared to warfarin ($17,803, 3.5%), enoxaparin ($19,253, 2.4%), enoxaparin/warfarin ($23,641, 22.7%), and fondaparinux ($19,577, 1.6%). Thus, ICERS indicated more costs and more events with other TSs. Deaths occurred in 2% of dalteparin patients, thus ICERS for LYG (deaths) were warfarin $27,004 (1.7%), enoxaparin $33,232 (1.5%), enoxaparin/warfarin $40,479 (1.1%), and fondaparinux $20,355 (estimated 1.2%). Each SA showed dalteparin remained the least-costly TS per VTE avoided. **CONCLUSION:** Dalteparin was the least-costly TS and had the fewest VTEs.

PHC6

COST-EFFECTIVENESS COMPARISON OF TENSION-FREE MESH REPAIR VS. TENSION SUTURE REPAIR METHODS OF INGUINAL HERNIA IN HUNGARY

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OBJECTIVE: The objective of this study was to compare the cost-effectiveness of tension-free mesh and tension suture methods of inguinal hernia repair in Hungary, from hospital and payer perspectives. **METHODS:** Cost effectiveness of open mesh vs. open non mesh was modeled with a Cohort Markov model. Model simulation runs in yearly cycles up to 15 years. Transition probabilities were derived from systematic review and other published sources. Costs were collected from two hospitals and from the payer in Hungary. Utility values were extracted from the published sources. Both costs and outcomes were discounted annually at 5%. In probabilistic sensitive analysis simulations were repeated 10,000 times. CEAC curves were generated as a result of simulation for all scenarios. **RESULTS:** Over a 5 and 15 year period open mesh provides greater benefits in terms of more QALYs and fewer recurrences at a cumulatively higher cost than open non mesh procedures. Cost per one additional QALY is €13,221 in a 5 years time horizon and €2819 in a 15 years time horizon from a payer perspective. Cost per one recurrence avoided is €885 in a 5 years time horizon and €173 in a 15 years time horizon from payer perspective. When the costs from a hospital perspective are used the open mesh option is the dominant technology over the open non mesh option. Results in the probability sensitivity analysis are very similar to deterministic analysis. In the five year perspective open mesh is the more cost effective option in comparison to open non mesh option when the value for society's willingness to pay for a QALY exceeds €6000 (€700 in the 15 years perspective). **CONCLUSION:** Findings suggest open mesh hernia repair method as a very cost effective therapy from both hospitals and payer perspectives for the inguinal hernia treatment in Hungary.

PHC7

COST-EFFECTIVENESS COMPARISON OF TENSION-FREE MESH REPAIR VS. TENSION SUTURE REPAIR METHODS OF INGUINAL HERNIA IN POLAND

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OBJECTIVE: To compare the cost-effectiveness of tension-free mesh and tension suture methods of inguinal hernia repair in Poland, from hospital and payer perspectives. **METHODS:** Cost effectiveness of open mesh vs open non mesh was modeled with a Cohort Markov model. Model simulation runs in yearly cycles up to 15 years. Transition probabilities were derived from systematic review and other published sources. Costs were collected from four hospitals and from the payer in Poland. Utility values were extracted from the published sources. Both costs and outcomes were discounted annually at 5%. In probabilistic sensitive analysis simulations were repeated 10,000 times. CEAC curves were generated as a result of simulation for all scenarios. **RESULTS:** Over a 5 and 15 year period open mesh provides greater benefits in terms of more QALYs and fewer recurrences at a cumulatively higher cost than open non mesh. The cost per one additional QALY is €16,730 in a 5 years time horizon and €3236 in a 15 years time horizon from a payer perspective (€16,485 and €3061 respectively from a hospital perspective). Cost per one recurrence avoided is €1096 in a 5 years time horizon and €199 in a fifteen years time horizon from a payer perspective (€1103 and €188 respectively from hospital perspective). Results from the probability sensitivity analysis are very similar to deterministic analyses. In the five year perspective open mesh is more cost effective in comparison to the open non mesh option when the value for society's willingness to pay for a QALY exceeds €10,000 (€500 in the 15 years perspective). **CONCLUSION:** Findings suggest open mesh hernia repair method as a very cost effective therapy from both hospitals and payer perspectives for the inguinal hernia treatment in Poland.

PHC8

COST-EFFECTIVENESS COMPARISON OF TENSION-FREE MESH REPAIR VS. TENSION SUTURE REPAIR METHODS OF INGUINAL HERNIA IN SLOVAKIA

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OBJECTIVE: The objective of this study was to compare the cost-effectiveness of tension-free mesh and tension suture methods of inguinal hernia repair in Slovakia, from hospital and the payer perspective. **METHODS:** Cost effectiveness of open mesh vs open non mesh was modeled with a Cohort Markov model. Model simulation runs in yearly cycles up to 15 years. Transition probabilities were derived from systematic review and other published sources. Costs were collected from two hospitals and from the payer in Slovakia. Utility values were extracted from the published sources. Both costs and outcomes were discounted annually at 5%. In probabilistic sensitive analysis simulations were repeated 10,000 times. CEAC curves were generated as a result of simulation for all scenarios. **RESULTS:** Over a 5 and 15 year period open mesh provides greater benefits in terms of more QALYs and fewer recurrences than open non-mesh. When the costs from a payer's perspective are used the open mesh option is the dominant technology over open non mesh option (equal payment for open mesh and open non mesh options). The cost per one additional QALY is €1230 in a 5 years time horizon and the open mesh is the cost effective option in a 15 years time horizon from a hospital perspective. Cost per one